



BILLING CODE: 3410-30-P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

**Agency Information Collection Activities: Existing collection; Comment Request –
Forms FNS-806-A, Claim for Reimbursement (National School Lunch and School
Breakfast Programs), and FNS-806-B, Claim for Reimbursement (Special Milk Program
for Children)**

AGENCY: Food and Nutrition Service (FNS), USDA.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice invites the general public and other public agencies to comment on this existing information collection.

This collection is a renewal of a currently approved collection for reporting school programs data on a monthly basis for the National School Lunch Program, the School Breakfast Program, and the Special Milk Program.

DATES: Written comments must be received on or before [insert date that is 60 days after publication in the Federal Register].

ADDRESSES: Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions that were used; (c) ways to enhance the quality, utility, and clarity of the

information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments may be sent to Jon Garcia, Acting Branch Chief, Program Analysis and Monitoring Branch, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 640, Alexandria, VA 22302. Comments will also be accepted through the Federal eRulemaking Portal. Go to <http://www.regulations.gov>, and follow the online instructions for submitting comments electronically.

All written comments will be open for public inspection at the office of the Food and Nutrition Service during regular business hours (8:30 a.m. to 5 p.m., Monday through Friday) at 3101 Park Center Drive, Room 640, Alexandria, Virginia 22302.

All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will be a matter of public record.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of this information collection should be directed to Jon Garcia at (703) 305-2600.

SUPPLEMENTARY INFORMATION:

Title: 7 CFR Part 210 National School Lunch Program, Part 220 School Breakfast Program, and Part 215 Special Milk Program.

Form Number: FNS-806-A and FNS-806-B.

OMB Number: 0584-0284.

Expiration Date: 03/31/2013.

Type of Request: Revision of a currently approved collection.

Abstract: The National School Lunch Program (NSLP) and School Breakfast Program (SBP), and School Milk Program (SMP) Claim for Reimbursement, Forms FNS-806-A and FNS-806-B, respectively, are used to collect meal and milk data from school food authorities whose participation in these programs are administered directly by the Food and Nutrition Service (FNS) Regional Offices (Regional Office Administered Programs, or ROAP). The FNS Regional Office directly administers the NSLP, SMP, and/or SBP programs in Virginia, Georgia, and Colorado. In order to determine the amount of reimbursement for meals and milk served, the school food authorities are required to complete these forms. The completed forms are either sent to the Child Nutrition Payments Center at the FNS Mid-Atlantic Regional Office where they are entered into a computerized payment system or submitted electronically via the Internet directly into the Child Nutrition Payments Center. The payment system computes earned reimbursement.

Earned reimbursement in the NSLP, SBP and SMP is based on performance that is measured as an assigned rate per meal or half pint of milk served. To fulfill the earned reimbursement requirements set forth in NSLP, SBP and SMP regulations issued by the Secretary of Agriculture (7 CFR 210.8 and 220.11; and 215.10), the meal and milk data must be collected on Forms FNS-806-A and FNS-806-B, respectively. These forms are an intrinsic part of the accounting system currently being used by the subject programs to ensure proper reimbursement.

The burden hours have decreased from the previously approved burden (1,398) due to a reduction in the number of respondents, School Food Authorities, from 233 to 210.

Affected Public: State and local governments participating in the NSLP, SBP, and SMP under the auspices of the FNS ROAP.

Estimated Number of Respondents: 210 School Food Authorities.

Estimated Number of Responses per Respondent: 12 (Each State agency will submit a 30-day report.)

Estimated Total Annual Responses: 2,520.

Reporting Time per Response: .5 hours.

Estimated Annual Reporting Burden: 1,260 hours.

See the table below for estimated total annual burden for each type of respondent.

Affected Public	(b) Form Number	(c) No. of Respondents	(d) No. Responses per Respondent	(e) Est. Total Annual Responses (cxd)	(f) Hours per Response	(g) Total Burden (exf)
School Food Authority	FNS 806A	133	12	1596	.5	798
School Food Authority	FNS 806B	77	12	924	.5	462
Total Annual Burden Estimates		210	12	2,520	.5	1,260

Audrey Rowe
Administrator
Food and Nutrition Service

December 10, 2012
Date

Attachments: Appendix A: FNS-806A School Lunch/Breakfast Claim for Reimbursement
Appendix B: FNS-806B Milk Claim for Reimbursement

Appendix A

Sample Version of the Proposed FNS-806A and Instructions

OMB APPROVED NO. 0584-0284
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture Food and Nutrition Service									
School Lunch/Breakfast Claim for Reimbursement									
Please read the instructions on page 2 carefully before completing form.									
Sponsor Number:				Claim Month/Year				<input type="checkbox"/> Amended	
Sponsor Name:				Phone:		Region #:			
Address:				Fax:		County:			
				E-Mail:					
City:		State:		Zip:		Person Preparing Claim:			

1. General Data	Lunch	Reg Brk	SN Brk	Supplements	
a. Number of schools participating					d. Average Daily Attendance
b. Number of days meals served					e. Number Approved for Free
c. Enrollment					f. Number Approved for Reduced

2. Student Lunch Participation and Reimbursement					
Lunch	Meals Served	Rates			
a. Paid		X		=	
b. Reduced		X		=	
c. Free		X		=	
d. Total Student Lunches					Subtotal

3. Student Breakfast Participation and Reimbursement					
Regular Breakfast	Meals Served	Rates			
a. Paid		X		=	
b. Reduced		X		=	
c. Free		X		=	
Severe Need Breakfast	Meals Served	Rates			Subtotal
a. Paid		X		=	
b. Reduced		X		=	
c. Free		X		=	
d. Total Student Breakfasts					Subtotal

4. Student Supplements Participation and Reimbursement					
Supplements	Meals Served	Rates			
a. Paid		X		=	
b. Reduced		X		=	
c. Free		X		=	
d. Total Student Supplements					Subtotal

5. Total Reimbursement	Totals
6. Total Cost for School Lunch and Breakfast Programs	

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS CLAIM IS TRUE AND CORRECT IN ALL RESPECTS, THAT RECORDS ARE AVAILABLE TO SUPPORT THIS CLAIM; THAT IT IS IN ACCORDANCE WITH THE TERMS OF EXISTING AGREEMENT(S); AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED; I RECOGNIZE THAT I WILL BE FULLY RESPONSIBLE FOR ANY EXCESS AMOUNTS WHICH MAY RESULT FROM ERRONEOUS OR NEGLECTFUL REPORTING HEREIN.

Signature of Authorized Representative	Date of Preparation

Notes	
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Claim Submission Instructions

SPECIAL NOTE: AN ADJUSTED CLAIM completely voids all previous claims for the same month. Therefore, you should include ALL of your reporting data for the entire month's operations.

General

You should use this claim form to report information for the National School Lunch and Breakfast Programs which are administered by the Food and Nutrition Service, USDA. This information should cover activities during one calendar month; however, you may include up to 10 operating days of the month after the last full month of operation. The amount of money you receive will be based on reimbursement rates in effect for the month being reported.

Complete only those sections of the claim form that apply to your operation. This claim will be returned to you and no payment will be made if your claim is not properly completed. Therefore, be sure you sign and date this claim before submitting it to our Regional Office.

If you have any questions about how to complete an item on this claim form, please contact your Regional Office for assistance immediately. An improperly completed form will delay processing of your reimbursement check.

SPECIFIC ITEMS Information at top of claim form - Check to be sure if the pre-printed information is correct. If the sponsor number or your name and address are missing, please put in the proper information. If either or both are incorrect, immediately contact your Regional Office to get corrections made. Enter the month and year that this claim covers. For example, January 1999 would be entered as 01 99. If this is a revision of a previous claim, check the box marked "Amended".

General Data

1a., b., c. Enter the requested data for each program for which you participate and has been approved on your application approval.

1d. - Average daily attendance (ADA) can be determined as follows:

This is calculated by dividing Total Student Attendance for this Month by Days of Operation (NOTE: Use actual attendance counts. Do NOT USE meal counts to determine attendance.)

1e., f. - Enter the number of children who had approved applications on file during the reporting month. (NOTE: Use the highest number of children eligible for any given day of the month.) Make every effort to ensure this information is complete and accurate.

NOTE: For items 2 through 4 it is only necessary to enter the number of meals served by category. The rates, reimbursement by category, total student lunches and total reimbursement will automatically be calculated.

2a., b., c. - Enter the number of lunches served for each category.

3a., b., c. - Enter the number of breakfasts served for each category for sites that are not approved for the Severe Need Breakfast Program according to your application approval.

3d., e., f. - Enter the number of breakfasts served for each category for sites that are approved for the Severe Breakfast Program according to your application approval. If no sites were approved for Severe Need this section should be blank.

4a., b., c. - If you are approved to be reimbursed for supplements on your application approval, enter the number of supplements served by category.

5. Total Reimbursement will be automatically calculated.

6. To be completed only if you have an approved severe need breakfast program. Enter the allowable costs for operating the National School Lunch and School Breakfast Programs in your school or institution. Determine your costs in accordance with your Regional Office's Financial Management instructions.

Sign and date the claim. An unsigned claim cannot be processed and payment will not be made.

Please mail to: National Child Nutrition Payment Center
USDA, Food and Nutrition Service
Mercer Corporate Park
300 Corporate BLVD.
Robbinsville, NJ 08691-1598

Public reporting burden for this collection of information is estimated to average .5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Appendix B

Sample Version of the Proposed FNS-806B and Instructions

OMB APPROVED NO. 0584-0284
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture Food and Nutrition Service

Milk Claim for Reimbursement

Please read the instructions on page 2 carefully before completing form.

1. Name and Address of Sponsor				2. Agreement Number			
Name 1				3. Report Period		Month	Year
Addr 1							
Addr 2				4. Number of Operating Days			
City				5. Claim Data			
State		Zip		a. Number of sites participating			
County				b. Number of days milk served			
Contact				c. Enrollment			
Tel		Fax		d. Average Daily Attendance			
E-Mail				e. Number of Free Approved			

☐ Amended

6. Number of half-pints served TO CHILDREN that were paid for by children in pricing program and / or served at no charge to children in non-pricing program.		
7. Number of half-pints served free TO CHILDREN eligible for free milk in pricing program.		
8. Total number of ALL half-pints of milk purchased.		
9. Total cost of ALL half-pints of milk purchased and reported in item 8 (round to the nearest dollar).		
10. Average dairy cost (Item 8 / Item 9).		
11. Total earning (Item 6 * Paid Rate + Item 7 * Item 10)(Automatically calculated).		

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS CLAIM IS TRUE AND CORRECT IN ALL RESPECTS, THAT RECORDS ARE AVAILABLE TO SUPPORT THIS CLAIM; THAT IT IS IN ACCORDANCE WITH THE TERMS OF EXISTING AGREEMENT(S); AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED; I RECOGNIZE THAT I WILL BE FULLY RESPONSIBLE FOR ANY EXCESS AMOUNTS WHICH MAY RESULT FROM ERRONEOUS OR NEGLECTFUL REPORTING HEREIN.

Signature		Title		Preparation	
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FNS USE ONLY					
Date		Date Processed		Approval Serial Number	
Entry Date		Paylist Date		Paylist Number	

*Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. Department of Agriculture Food and Nutrition Service

Milk Claim for Reimbursement

INSTRUCTIONS TO COMPLETE THE SPECIAL MILK CLAIM FOR REIMBURSEMENT.

SPECIAL NOTE: AN ADJUSTED CLAIM completely voids all previous claims for the same month. Therefore, you should include ALL of your reporting data for the entire month's operations.

GENERAL

The information for the claim should cover activities during the calendar month; however, you may include up to 10 operating days of the month before the first full month of operation and/or up to 10 operating days of the month after the last full month of operation. The only EXCEPTION would be between school years. Since the SCHOOL YEAR starts on July 1 of each year, the June claim should not include data for July of the following school year, and the July claim should not include data for June of the previous school year. If the number of operating days exceeds 31, please contact your Regional office for assistance.

The amount of money you receive will be based on reimbursement rates in effect for the month being reported.

If you have any questions about completing the claim form, please contact your Regional office for assistance. An improperly completed form will delay processing of your reimbursement by electronic funds transfer (EFT).

SPECIFIC ITEMS

Check to be sure that all the information that automatically appears on the claim is correct. If the sponsor number or name and address are missing or incorrect, immediately contact your Regional office to get corrections made.

3. Enter the month and year that this claim covers. For example, January 1999 would be entered as: Month 1 Year 1999

4. Enter the number of operating days in the month.

5.a. Enter the number of sites that are approved to participate in the milk program.

5.b. Enter the number of days milk was served in the claim month.

5.c. Enter the highest number of students enrolled in the institution for the month.

5.d. Average daily attendance (ADA) can be determined as follows: Total Daily Attendance for the Month / Days of Operation (reported in item 4)

5.e. Enter the number of students approved for Free Milk.

SPECIAL NOTE: Use the highest number of children eligible for any given day of the month.

Items 6. - 11.

6. Enter the number of half-pints of milk you served at no charge to children in a non-pricing program, or served to children not eligible for free milk in a pricing program during the month. DO NOT include half-pints of milk served to children eligible for free milk according to your FREE MILK policy statement.

7. Enter the number of half-pints of milk served at no charge to children eligible for free milk in a pricing program. DO NOT include milk served in a non-pricing program.

8. Enter the cost of ALL milk purchased for the claim month. This is the purchase price you paid to the milk supplier for ALL milk delivered to your school/institution. DO NOT include any amount paid to the milk supplier for servicing, rental or installment payments of milk service equipment.

9. Enter the total number of ALL half-pints of milk purchased during the claim month.

10. DO NOT enter information, it will be automatically calculated.

11. DO NOT enter information, it will be automatically calculated.

The claim must be signed and the Date of Preparation must be completed for payment to be disbursed.